

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Lab Results, BMP Diagram

10/24/16 04:50

133	98	15	100
5.1	27	1.1	

PT/PTT/INR

10/24/16 04:50:

Prothrombin Time 15.8, Prothromb Time International Ratio 1.3

Quality

Code Status: Full Code

Line Necessity Addressed: Yes

VTE Prophylaxis Ordered: Yes

Indwelling Foley Catheter: No

Central Venous Catheter: No

Impression and Plan

Assessment

Problem List:

(1) Loculated pleural effusion

Chronic Problems:

Management Plan

Plan

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. Failed IR thoracentesis due to loculated pleural effusion

Continue care: per ICU

Continue IV antibiotics - currently on cefepime, gentamicin, lateral

Hold tube feeds for OR today, may restart postop

Continue to monitor respiratory status

OR today for VATS and decortication

Follow-up labs replete as needed

DVT prophylaxis

MARCOE, JEFFREY P MD

Oct 24, 2016 10:29

<Electronically signed by JEFFREY P MARCOE, MD> 10/24/16 1055

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1024-0178

REPORT STATUS: Signed

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**Mercy Fitzgerald Hospital
General Surgery Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1143

MARCJE / JM / DD 10/24/16 1029 / DT 10/24/16 1029

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1024-0178
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1025-0030
 ROOM/BED: 506-01
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/25/16 06:19

Subjective

Patient seen, resting on the ventilator, nursing at bedside, status post Mini thoracotomy, decortication, unroofing of pulmonary abscess, placement of two chest tubes, for persistent empyema

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/25/16 03:00		124	29	113/69	97	Ventilator		40
10/25/16 00:00	37.9							
10/24/16 10:00							2.00	

Weight in Kg

93.00

Bedside Blood Glucose

10/25/16 06:09: POC Glucose 133

Appearance: : No Acute Distress

Thorax: : Rhonchi

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted: Non-tender

Results

Lab Results, BMP Diagram

10/24/16 17:30

130	95	16	108
5.8	23	1.1	

Impression and Plan

Problem List:

(1) Empyema

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1025-0030
 REPORT STATUS: Signed

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**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Impression and Plan: Status post Mini thoracotomy, decortication, unroofing of pulmonary abscess, placement of two chest tubes, plan to continue with postop wound care, chest tube management and antibiotic regimen including cefepime, Flagyl and gentamicin, ventilator weaning as appropriate

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: Continue full ventilator support and wean as mentioned

(3) AKI (acute kidney injury)

(4) Toxic encephalopathy

Chronic Problems:

HAMID, SAMMY, MD

Oct 25, 2016 06:20

<Electronically signed by SAMMY HAMID, MD> 10/26/16 0607

HAMISA / SH / DD 10/25/16 0620 / DT 10/25/16 0620

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1025-0030
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1025-0038
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/25/16 06:26

(IRIARTE OPORTO, BLANCA E MD)

Subjective

Hospital LOS days: 19

ICU LOS: 19

Subjective

Patient was seen and examined at bedside. Patient is sleeping/resting on a ventilator. Overnight: Patient was agitated, he pulled out the femoral arterial line. He spiked a fever 38.2/38.8. SBT/SAT trial failed. Consulted PICC line to check for line patency.

(IRIARTE OPORTO, BLANCA E MD)

Review of Systems

Unable to Obtain: Clinical Condition (Patient in mechanically ventilated/intubated.)

(IRIARTE OPORTO, BLANCA E MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/23/16 08:11
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/23/16 08:11
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/23/16 09:48
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		10/22/16 18:50
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1025-0038
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Risperidone	2 mg	BID	10/15/16 12:15		10/24/16 20:34
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/24/16 20:34
Gentamicin Sulfate/Sodium Chloride	53 ml @ 100 mls/hr	Q8	10/20/16 10:49		10/25/16 05:17
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/23/16 08:11
Metronidazole/Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/25/16 05:16
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/25/16 05:18
Nystatin 500 mu	500 mu	QID	10/21/16 13:00		10/24/16 20:34
Cefepime HCl	50 ml @ 100 mls/hr	Q6	10/22/16 17:00		10/25/16 05:17
Senna/Docusate Sodium 1 tab	1 tab	BID	10/23/16 10:45		10/24/16 20:34
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/24/16 16:45		10/24/16 16:55
Hydromorphone HCl	1 mg	Q3H PRN	10/24/16 17:45		
Hydromorphone HCl 1.5 mg	1.5 mg	Q3H PRN	10/24/16 17:45		10/25/16 05:18
Sodium Chloride	1,000 ml @ 60 mls/hr	Q16H40M	10/24/16 18:00		10/25/16 05:32
Docusate Sodium	100 mg	DAILY	10/25/16 09:00		

(IRIARTE OPORTO,BLANCA E MD)

Patient Data**Vital Signs 24 Hours**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/25/16 03:00		124	29	113/69	97	Ventilator		40
10/25/16 02:40			26					50
10/25/16 02:00		132	27	119/75	96	Ventilator		40
10/25/16 01:00		137	36	135/73	97	Ventilator		40
10/25/16 00:00						Ventilator		40
10/25/16 00:00			28					40
10/25/16 00:00			28					40

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1025-0038

REPORT STATUS: Signed

Mercy Fitzgerald Hospital **Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

10/25/16 00:00	37.9	118	26	119/62	100	Ventilator		40
10/24/16 23:00		119	28	120/63	99	Ventilator		40
10/24/16 22:00	38.2	132	31	106/60	96	Ventilator		40
10/24/16 21:00		142	34	114/62	96	Ventilator		
10/24/16 20:45			46					40
10/24/16 20:40			34					50
10/24/16 20:35			46					50
10/24/16 20:30		130	27	128/64	40	Ventilator		40
10/24/16 20:25			32					40
10/24/16 20:00						Ventilator		40
10/24/16 20:00	38.8	127	27	110/58	98	Ventilator		40
10/24/16 20:00								40
10/24/16 19:00		128	25	127/62	97	Ventilator		40
10/24/16 18:45		133	24	116/61	97	Ventilator		40
10/24/16 18:30		134	32	141/71	100	Ventilator		40
10/24/16 18:15		133	30	124/69	100	Ventilator		40
10/24/16 18:00		133	31	134/69	100	Ventilator		40
10/24/16 17:30		126	31	125/65	100	Ventilator		50
10/24/16 17:25		126	30	131/68	100	Ventilator		50
10/24/16 17:20		129	28	120/63	99	Ventilator		50
10/24/16 17:15		133	26	141/72	100	Ventilator		50
10/24/16 17:10		135	26	154/77	100	Ventilator		50
10/24/16 17:05		129	23	139/69	99	Ventilator		50
10/24/16 17:00						Ventilator		50
10/24/16 17:00		132	28		100	Ventilator		50
10/24/16 17:00								50
10/24/16 16:55	38.4	136	26	147/71 Automatic Cuff	100	Ventilator		50
10/24/16 16:55				146/78				
10/24/16 16:50			40					50
10/24/16 15:08			16					100
10/24/16 10:39	37.2	114	30		100			
10/24/16 10:00		119	37	124/79	98	Nasal Cannula	2.00	
10/24/16 09:00		110	32	111/67	100	Nasal Cannula	2.00	
10/24/16 08:00	37.3	109	33	124/69	97	Nasal Cannula	2.00	
10/24/16 08:00						Nasal Cannula	2.00	
10/24/16 07:00		111	24	123/75	100	Nasal Cannula	2.00	

Weight in Kg

93.00

Bedside Blood Glucose Last 24h**10/24/16 10:44:** POC Glucose 99**10/24/16 17:44:** POC Glucose 85**10/24/16 21:42:** POC Glucose 105**10/25/16 06:09:** POC Glucose 133

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0038

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

	10/25/16 07:00
Intake Total	2986.2 ml
Output Total	3495 ml
Balance	-508.8 ml
IV Total	861.2 ml
Tube Feeding	0 ml
Tube Irrigant	125 ml
Other	2000 ml
Output Urine Total	3075 ml
Chest Tube Drainage Total	420 ml
# Bowel Movements	1

Sedation Score Actual

-1

(IRIARTE OPORTO,BLANCA E MD)

Ventilator Settings**Ventilator Settings:****Delivery Method:** Endotracheal Tube**Mode:** AC**Ventilator Rate:** 16**FIO2 (21-100%):** 50**Tidal Volume (ml):** 450**PEEP (cm H2O):** 5**Confirmation of Position:** Chest Xray

(IRIARTE OPORTO,BLANCA E MD)

Physical Exam**Appearance:** : Mild Distress: Other (DIAPHORETIC)**Head Exam:** : Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : EOMI: Other (BILATERAL SCLERAL ICTERUS): PERRL**Thorax:** : Crackles (ON RIGHT AND LEFT LUNG FIELD): No Accessory Muscle Use: Other (COARSE VENTILATOR TRANSMITTED SOUNDS ON BOTH LUNG FIELDS.)**Cardiovascular:** : Regular Rate Rhythm: Tachycardia**Abdomen:** : Bowel Sounds Noted: Non-distended: Non-tender: Soft**Wound Present:** Yes**Wound Comments**

Right lower latero-posterior hemithorax wound s/p mini-thoracotomy and decortication, covered with clean dressing. 2 chest tubes observed. Chest tube discharge bag is draining a sanguinolent fluid.

Upper Extremity Appearance: : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Abnormal (Drowsy)

PATIENT: EFUNNUGA,OLUTOKUNBO

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Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Follows Commands: Yes
(IRIARTE OPORTO, BLANCA E MD)

Results**Results****Lab Results, BMP Diagram**

10/24/16 17:30

130	95	16	108
5.8	23	1.1	

10/25/16 05:55

132	94	16	107
5.9	27	1.2	

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos

10/24/16 17:00:

Arterial Blood pH 7.41, Arterial Blood pH (Temp corrected) 7.41, Arterial Blood Partial Pressure CO2 40.6, Arterial Blood pCO2 (Temp correct) 40.6, Arterial Blood Partial Pressure O2 104, Arterial Blood pO2 (Temp corrected) 104, Arterial Blood HCO3 25.4, Arterial Bld O2 Saturation (Measur) 97.8, Arterial Blood Base Excess 0.7, Arterial Blood Hematocrit 38.6, Arterial Blood Sodium 127, Arterial Blood Potassium 8.6, Chloride (Blood Gas) 100, Ionized Calcium (Measured) (Bld Gas) 1.07, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device O.na, Blood Gas Ventilator Setting 16, FiO2 50.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes

(IRIARTE OPORTO, BLANCA E MD)

Diagnostics Reviewed: Yes**Imaging**

10/25/16 PCXR read by me: ETT is 3cm from carina. R chest tube x 2 in place. No pneumothorax. There is resolution of loculated right pleural effusions seen yesterday. LUE PICC line is in place.

(VALENTINO, DOMINIC J, DO)

Quality**Discussed Care Plan with:** Patient**Code Status:** Full Code

(IRIARTE OPORTO, BLANCA E MD)

Lines Tubes and Catheter: Chest Tube (2 CHEST TUBES ON RIGHT HEMITHORAX (10/25/2016)), ETT (10/24/

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0038

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

2016), NG Tube (Dobhoff tube (10/19/2016)), PICC (10/11/2016), Urinary Catheter (10/24/2016)

(IRIARTE OPORTO,BLANCA E MD)

Lines Tubes and Catheter: Chest Tube (2 CHEST TUBES ON RIGHT HEMITHORAX (10/24/2016)), ETT (10/24/2016), NG Tube (Dobhoff tube (10/19/2016)), PICC (10/11/2016 LUE), Urinary Catheter (10/24/2016)

(VALENTINO,DOMINIC J, DO)

VTE Prophylaxis Ordered: Yes

(IRIARTE OPORTO,BLANCA E MD)

Indwelling Foley Catheter: Yes

Urinary Cath Insertion Date: Oct 24, 2016

Indication for Indwelling Cath: Measure Urine Output

(IRIARTE OPORTO,BLANCA E MD)

I Will Enter Order to Remove: Yes

(VALENTINO,DOMINIC J, DO)

Central Venous Catheter: No

(IRIARTE OPORTO,BLANCA E MD)

1:1 Sitter: Continued (Reminder: Enter Orders in POM)

Non-Violent Restraints: Continued (Reminder: Enter Orders in POM)

(IRIARTE OPORTO,BLANCA E MD)

Impression and Plan

Assessment

Problem List:

- (1) Severe sepsis
- (2) Empyema
- (3) Pulmonary abscess
- (4) Aspiration pneumonia
- (5) Loculated pleural effusion
- (6) Electrolyte disturbance
- (7) Acute liver failure
- (8) Suicidal overdose
- (9) Polysubstance abuse
- (10) HIV (human immunodeficiency virus infection)
- (11) Oral thrush
- (12) Antisocial personality disorder in adult
- (13) Anxiety
- (14) S/P thoracotomy

Chronic Problems: (IRIARTE OPORTO,BLANCA E MD)

Problem List:

- (1) Abscess of lung with pneumonia
- (2) Empyema
- (3) S/P thoracotomy
- (4) Electrolyte disturbance
- (5) Suicidal overdose
- (6) Polysubstance abuse
- (7) HIV (human immunodeficiency virus infection)

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1025-0038

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(8) Nicotine dependence

(9) Delirium, acute

(10) Anxiety

(11) Antisocial personality disorder in adult

(12) Oral thrush

Chronic Problems: (VALENTINO, DOMINIC J, DO)

Management Plan

Plan

Neuro: Continue risperidone.
Haldol for agitation.
Continue Clonazepam.
Continue with pain control with Dilaudid.
F/u psych evaluation since patient is 302.

CVS: Patient continues to be tachycardic most likely secondary to sepsis/s/p mini thoracotomy/pain. We will monitor vital signs and control the pain.

B.P. fairly controlled

TEE was performed at bedside yesterday and showed no vegetations, we will follow up with official report.

Pulm-

- Patient is status post Mini Thoracotomy and decortication, the post - operative findings are: multiple loculated pleural effusions, pulmonary abscess.
- Patient tolerated well the procedure, specimen was collected and we will follow up with culture results.
- SBT/SAT today.
- Continue with Gentamycin, cefepime and metronidazole for aspiration pneumonia/empyema.
- Continue with nebulizations, suction and nystatin swish and swallow.

GI: Continue Nystatin swish and swallow for oral candidiasis.
Elevated LFT secondary to liver sepsis. We will monitor LFTs.

GU: No active issue. Last serum creatinine was within normal limits we will continue to monitor since patient is on gentamicin.

ID: Aspiration pneumonia and Empyema of Right lung.
Continue Cefepime, Metronidazole and gentamicin
Echocardiogram showed NO vegetations or valvulopathy.
Hx of HIV infection- CD4 count is: 245 (Low). Will start HAART therapy once acute illness resolves

Hem/Onc: INR is elevated- most likely due to liver injury secondary to sepsis.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0038

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

We will re-start DVT prophylaxis with Enoxaparin 40 mg s/c Daily.

Endo: No active issues

F/E/N: Monitor electrolyte and replete as needed

Continue with tube feeds and follow up with nutrition recommendations.

Social: Full code.

NOK: Sheree Bradham (484) 420-5809 Mother

Ellis Bradham (610) 348-4661 Father

Tosin Efunnuga 267-918-4065 Sister

(IRIARTE OPORTO, BLANCA E MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 40 (excludes teaching and procedures)

(VALENTINO, DOMINIC J, DO)

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Patient remains alert on vent as of this AM. Could not be extubated post op due to pain control issues, but we corrected that by this AM.

I added precedex which helped alot.

Will wean off that post extubation. We were able to extubate.

Add Kayexelate for mild hyperkalemia.

Need to get OOB to chair today.

Get PT to see him.

Keep dobhoff in for now. Get speech re-evaluation.

Maintain abx, but can get input from ID as TEE was negative and we can start to taper back ABX.

Will need re-eval by psych for 302 status, but still on 1:1.

Also need to contact local police who had asked to question him about an outstanding warrant. We will let security know to contact them.

Plans reviewed in rounds with ICU nurse and residents in detail.

(VALENTINO, DOMINIC J, DO)

IRIARTE OPORTO, BLANCA E MD

VALENTINO, DOMINIC J, DO

Oct 25, 2016 06:30

Oct 25, 2016 10:13

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/25/16 0826

<Electronically signed by DOMINIC J VALENTINO, DO> 10/25/16 1032

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0038

REPORT STATUS: Signed

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Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

IRIABL / BIO / DD 10/25/16 0630 / DT 10/25/16 0630

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1025-0038
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1025-0123
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/25/16 08:46

(KUMAR,NITISH MD)

Service: Cardiology

(KUMAR,NITISH MD)

Subjective

Patient seen and examined at bedside. POD1 for Mini thoracotomy, decortication, unroofing of pulmonary abscess, placement of two chest tubes, all performed on right side. S/P TEE 10/24/16. He is on a ventilator and on PS mode - 8/5 currently. Earlier today he failed SAT/SBT and another attempt is being done right now. He is following commands and able to nod yes/no to questions. He denies any chest pain, SOB, dizziness, lightheadedness, palpitations. He is resting comfortably. Overnight, he was noted to be agitated and pulled out this Femoral arterial line. Fever spike overnight. Continues to be on 1:1 observation and 302 status.

Appetite: Poor

Sleep: Fairly Bad

(KUMAR,NITISH MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Folic Acid	1 mg	DAILY	10/11/16 09:00		10/23/16 08:11
Thiamine HCl	100 mg	DAILY	10/11/16 09:00		10/23/16 08:11
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/23/16 09:48
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: Bl...	Q6	10/12/16 07:45		10/22/16 18:50
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Risperidone	2 mg	BID	10/15/16 12:15		10/24/16 20:34

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1025-0123
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Clonazepam 1 mg	1 mg	BID	10/19/16 10:45		10/24/16 20:34
Gentamicin Sulfate/Sodium Chloride	53 ml @ 100 mls/hr	Q8	10/20/16 10:49		10/25/16 05:17
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/23/16 08:11
Metronidazole/Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/25/16 05:16
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/25/16 05:18
Nystatin 500 mu	500 mu	QID	10/21/16 13:00		10/24/16 20:34
Cefepime HCl	50 ml @ 100 mls/hr	Q6	10/22/16 17:00		10/25/16 05:17
Senna/Docusate Sodium 1 tab	1 tab	BID	10/23/16 10:45		10/24/16 20:34
Propofol	100 ml @ 0 mls/hr	Q0M PRN	10/24/16 16:45		10/24/16 16:55
Hydromorphone HCl	1 mg	Q3H PRN	10/24/16 17:45		
Hydromorphone HCl 1.5 mg	1.5 mg	Q3H PRN	10/24/16 17:45		10/25/16 05:18
Sodium Chloride	1,000 ml @ 60 mls/hr	Q16H40M	10/24/16 18:00		10/25/16 05:32
Docusate Sodium	100 mg	DAILY	10/25/16 09:00		

(KUMAR, NITISH MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/25/16 08:00	37.2	111	30	124/70	97	Ventilator		40
10/24/16 10:00							2.00	

Weight in Kg

93.00

Bedside Blood Glucose

10/25/16 06:09: POC Glucose 133

(KUMAR, NITISH MD)

Physical Exam

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0123

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

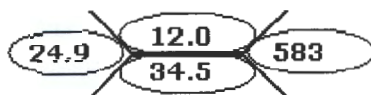
MR#: F001250247

General: resting comfortably, NAD, following commands, Intubated and mechanically ventilated
 HEENT: PERRLA, EOMI, No conjunctival injection
 Chest: coarse breath sounds BL, No wheezing, R hemithorax incision site noted - c/d/i, no blood, no soakage, CT noted draining dark bloody output
 Cardiovascular: no jugular venous distension
 Abdomen: soft, non tender, bowel sounds noted, Foley's draining yellow urine
 Musculoskeletal: no gross deformities
 Neurologic: alert/awake/oriented, grossly no abnormalities
(KUMAR, NITISH MD)

Results

Lab Results, CBC Diagram

10/25/16 05:55



Lab Results, BMP Diagram

10/24/16 17:30



10/25/16 05:55



Diagnostics Reviewed: Yes
(KUMAR, NITISH MD)

Quality

Code Status: Full Code
(KUMAR, NITISH MD)

Lines Tubes and Catheter: Chest Tube (10/24 - R Hemithorax), ETT (10/24), PICC (10/11), Urinary Catheter (10/24), Other (DHT 10/19)
(KUMAR, NITISH MD)

VTE Prophylaxis Ordered: Yes
(KUMAR, NITISH MD)

Indwelling Foley Catheter: Yes

Urinary Cath Insertion Date: Oct 24, 2016

Indication for Indwelling Cath: Acute Urinary Retention

I Will Enter Order to Remove: No

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0123

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(KUMAR, NITISH MD)

Central Venous Catheter: No

I Will Enter Order to Remove: No

(KUMAR, NITISH MD)

Impression and Plan

Problem List:

(1) S/P thoracotomy

(2) Fever

(3) Tachycardia

(4) Aspiration pneumonia

(5) Delirium, acute

(6) Empyema

(7) Suicidal overdose

(8) Polysubstance abuse

(9) HIV (human immunodeficiency virus infection)

(10) Antisocial personality disorder in adult

Chronic Problems:

Additional Comments

- Patient is POD 1 for Mini thoracotomy, decortication, unroofing of pulmonary abscess, placement of two chest tubes, all performed on right side.
- Post-operative care in the ICU. Currently intubated and on SAT/SBT again. Failed attempt x 1 this morning
- S/P TEE on 10/24/16 - mildly reduced left and right ventricular systolic function. No valvular disorders. No evidence of infective endocarditis
- Currently denies any chest pain, SOB, dizziness, lightheadedness, palpitations
- Continues to display tachycardia. With IE ruled out, etiology of Tachycardia likely multifactorial - sepsis, pain, post-op pain. Anticipate HR to be better controlled as pain improves. BP currently appears well controlled. If HR does not seem to improve one can consider a low-dose Low pressor.
- Overnight fever spike x 1. Afebrile this morning but leukocytosis. Continue with IV Flagyl, Gentamicin, Cefepime
- Recommend repeat 2D-ECHO in 2-3 months to follow up on LVEF, and RV/LV Systolic function. Mildly depression systolic function can be attributed to the stress induced acute infectious period. Conversely, he could also have a component of non-ischemic CM in view of his chronic alcoholic state/history of polysubstance overdose.
- Monitor hemodynamics closely
- ICU for now

(KUMAR, NITISH MD)

Additional Comments

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

Post right-sided mini thoracotomy and recorded dictation of loculated pleural effusion and drainage of pulmonary abscess. Currently on IV antibiotics and IV fluids and still intubated. He is awake but I'm unclear how alert he has. He does nod his head that he understands when I explained he does not have infection of the heart valves. He is asking for water as well.

NAD, MMM

No JVD

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0123

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Course breath sounds bilaterally, decrease in the right base
Regular but tachycardic rhythm, S1 and S2 preserved, no murmur, rub or gallop
No lower extremity edema
Normoactive bowel sounds, soft, nontender
Integumentary is warm and well-perfused

Telemetry: Sinus tachycardia

Loculated pleural effusion and bacteremia: No evidence of infectious endocarditis on TEE yesterday.

Mildly reduced left ventricular systolic function: Also noted on the TEE yesterday at the right ventricle has mild systolic dysfunction. This may be a stress-induced decreased in biventricular function. Clinically he appears euvolemic. He will need a repeat echocardiogram in 2-3 months after discharge to further evaluate and to determine if further workup is needed.

Tachycardia: This is sinus tachycardia and likely physiologic in this setting. Since his tachycardia is persistent, consider the addition of low-dose metoprolol tartrate.

(MENETREY,JAMMIE E DO)

KUMAR,NITISH MD
MENETREY,JAMMIE E DO

Oct 25, 2016 08:52

Oct 25, 2016 09:38

<Electronically signed by NITISH KUMAR, MD> 10/25/16 1012

<Electronically signed by JAMMIE E MENETREY, DO> 10/25/16 0938

KUMANI01 / NK / DD 10/25/16 0852 / DT 10/25/16 0852

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1025-0123
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1025-0242
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/25/16 12:03

Service: Infectious Disease

Subjective

Pt alert, tolerating enteral feedings via kaofeed tube Pt s/p right pleural decortication and drainage of local abscess yesterday, thoracotomy intact,

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/25/16 11:00		124	39	119/64	96	Aerosol Mask		40
10/25/16 08:00	37.2							
10/24/16 10:00							2.00	

Weight in Kg

80.00

Bedside Blood Glucose

10/25/16 10:55: POC Glucose 90

Physical Exam

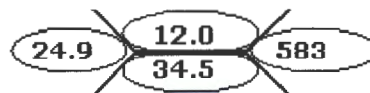
Tm 98.8

no stridor or meningismus right thoracostomy tube intact abd active bs no guarding or pulsation slr intact iv access intact Neuro no tremor appreciated

Results

Lab Results, CBC Diagram

10/25/16 05:55



Lab Results, BMP Diagram

10/24/16 17:30

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1025-0242
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

130	95	16	108
5.8	23	1.1	

10/25/16 05:55

132	94	16	107
5.9	27	1.2	

10/25/16 08:29

133	96	16	123
5.7	28	1.2	

PT/PTT/INR

10/25/16 08:29:

Prothrombin Time 17.2, Prothromb Time International Ratio 1.5

new c/s pending

Imaging

reviewed

Impression and Plan**Plan**

bacteremia: strep mitis, repeat blood c/ sterile, TEE= no vegetations or valvular abnormality,

pneumonia: aspiration, complicated by right effusion, and cavitary formation,

right pleural effusion: s/p decortication and drainage 10/24

HIVD: moderately advanced, CD4 240-300

elevated temperature: recurrent, presently resolved, new c/s sterile

confusion: resolving

leukocytosis: follow response to intervention

abx mgmt: continue combination parental cefepime and metronidazole pending new c/s

discussed clinical presentation with pt and icu nursing staff

recommend TEE when logistically feasible

GILBERT, MARK, MD

Oct 25, 2016 12:08

<Electronically signed by MARK GILBERT, MD> 10/25/16 1208

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1025-0242

REPORT STATUS: Signed

Page 3 of 2

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

GILBMA / MG / DD 10/25/16 1208 / DT 10/25/16 1208

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1025-0242
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Internal Med Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0027
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 06:26

Subjective

pt seen, resting well, extubated, afebrile, chart reviewed

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 06:00		121	24	109/78	100	Nasal Cannula	4.00	
10/26/16 02:00	37.1							
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/26/16 05:01: POC Glucose 122

Appearance: : No Acute Distress

Thorax: : Rhonchi

Cardiovascular: : Regular Rate Rhythm

Abdominal Inspection: : Normal

Abdomen: : Bowel Sounds Noted

Results

Lab Results, CBC Diagram

10/26/16 05:45



Lab Results, BMP Diagram

10/25/16 08:29



PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1026-0027
REPORT STATUS: Signed

Page 2 of 2

**Mercy Fitzgerald Hospital
Internal Med Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

PT/PTT/INR

10/25/16 08:29:

Prothrombin Time 17.2, Prothromb Time International Ratio 1.5

Impression and Plan

Problem List:

(1) Empyema

Impression and Plan: Status post Mini thoracotomy, decortication, unroofing of pulmonary abscess, placement of two chest tubes, plan to continue with postop care and abx per ID including cefepime and flagyl

(2) Acute respiratory failure with hypoxia and hypercapnia

Impression and Plan: stable

(3) AKI (acute kidney injury)

Impression and Plan: labs noted, stable creat

(4) Toxic encephalopathy

Chronic Problems:

HAMID, SAMMY, MD

Oct 26, 2016 06:27

<Electronically signed by SAMMY HAMID, MD> 10/27/16 0624

HAMISA / SH / DD 10/26/16 0627 / DT 10/26/16 0627

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0027

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0057
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 07:31

(IRIARTE OPORTO,BLANCA E MD)

Subjective

Hospital LOS days: 20

ICU LOS: 20

Subjective

Patient was seen and examined at bedside. He continues complaining of coughing and right hemithorax pain. He is calm, alert but is not cooperative.

Overnight: Patient tolerated 30 % of his diet and around 21:00 he was put back on tube feeds. No other acute events overnight.

(IRIARTE OPORTO,BLANCA E MD)

Review of Systems

Unable to Obtain: Uncooperative Patient

(IRIARTE OPORTO,BLANCA E MD)

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/25/16 09:35
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BL...	Q6	10/12/16 07:45		10/22/16 18:50
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41
Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Risperidone	2 mg	BID	10/15/16 12:15		10/25/16 20:38
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1026-0057
REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Clonazepam	1 mg	BID	10/19/16 10:45		10/25/16 20:38
Polyethylene Glycol 17 gm	17 gm	DAILY	10/20/16 11:00		10/25/16 11:09
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/20/16 21:00		10/26/16 05:14
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/25/16 05:18
Nystatin 500 mu	500 mu	QID	10/21/16 13:00		10/25/16 20:38
Cefepime HCl	50 ml @ 100 mls/hr	Q6	10/22/16 17:00		10/26/16 05:14
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45		10/25/16 20:38
Hydromorphone HCl	1 mg	Q3H PRN	10/24/16 17:45		10/25/16 13:08
Hydromorphone HCl	1.5 mg	Q3H PRN	10/24/16 17:45		10/26/16 01:14
Folic Acid	1 mg	DAILY	10/26/16 09:00		
Thiamine HCl	100 mg	DAILY	10/26/16 09:00		
Multivitamins Therapeutic	1 tab	DAILY	10/26/16 09:00		

Titratable Med Infusions

(IRIARTE OPORTO, BLANCA E MD)

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 07:00		117	25	113/67	99	Nasal Cannula	4.00	
10/26/16 02:00	37.1							
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose Last 24h**10/25/16 10:55:** POC Glucose 90**10/25/16 16:03:** POC Glucose 107**10/25/16 22:05:** POC Glucose 144**10/26/16 05:01:** POC Glucose 122

	10/26/16

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0057

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

	07:00
Intake Total	1358 ml
Output Total	2205 ml
Balance	-847 ml
Intake Oral	410 ml
IV Total	378 ml
Tube Feeding	120 ml
Tube Irrigant	450 ml
Output Urine Total	2115 ml
Chest Tube Drainage Total	90 ml
# Voids	1

Sedation Score Actual

0

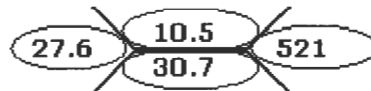
(IRIARTE OPORTO, BLANCA E MD)

Physical Exam**Appearance:** : Alert: Appears Stated Age: Flat: No Acute Distress**Head Exam:** : Moist Mucous Membranes: Normocephalic: Other (oral thrush lesions): Symmetric**HEENT:** : EOMI: PERRL: Pharynx Normal: Sclera Anicteric**Thorax:** : Decreased Breath Sounds (on bilateral lung fields.): No Accessory Muscle Use: Other (tachypneic)**Cardiovascular:** : Regular Rate Rhythm: Tachycardia**Abdomen:** : Bowel Sounds Noted: Non-distended: Non-tender: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Normal**Follows Commands:** Yes

(IRIARTE OPORTO, BLANCA E MD)

Results**Results****Lab Results, CBC Diagram**

10/26/16 05:45

**Lab Results, BMP Diagram**

10/25/16 08:29

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0057

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

133	96	16	123
5.7	28	1.2	

10/26/16 05:45

134	94	19	121
4.6#	29	1.2	

PT/PTT/INR

10/25/16 08:29:

Prothrombin Time 17.2, Prothrombin Time International Ratio 1.5

10/26/16 05:45:

Prothrombin Time 17.8, Prothrombin Time International Ratio 1.6

Diagnostics Reviewed: Yes**Imaging**

Chest X-Ray: Left upper extremity PIOC line tip on SVC and right atrium, 2 chest tubes appreciated on right hemithorax, a NG/OG tube appreciated. Haziness noted in lower left lung love.

(IRIARTE OPORTO, BLANCA E MD)**Quality****Discussed Care Plan with:** Patient**Code Status:** Full Code**(IRIARTE OPORTO, BLANCA E MD)****Lines Tubes and Catheter:** NG Tube (Dobhoff tube - (10/19/2016)), PIOC (LEFT UPPER EXTREMITY - 10/11/2016), Other (2 chest tubes (10/24/2016))**(IRIARTE OPORTO, BLANCA E MD)****VTE Prophylaxis Ordered:** Yes**(IRIARTE OPORTO, BLANCA E MD)****Indwelling Foley Catheter:** No**(IRIARTE OPORTO, BLANCA E MD)****Central Venous Catheter:** No**(IRIARTE OPORTO, BLANCA E MD)****1:1 Sitter:** Continued (Reminder: Enter Orders in POM)**(IRIARTE OPORTO, BLANCA E MD)****Impression and Plan****Assessment****Problem List:**

- (1) Empyema
- (2) S/P thoracotomy
- (3) Aspiration pneumonia
- (4) Loculated pleural effusion
- (5) Electrolyte disturbance
- (6) Acute liver failure

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0057

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

(7) Suicidal overdose
(8) Polysubstance abuse
(9) HIV (human immunodeficiency virus infection)
(10) Oral thrush
(11) Antisocial personality disorder in adult
(12) Anxiety
Chronic Problems: (IRIARTE OPORTO, BLANCA E MD)

Management Plan

Plan

Neuro: We will continue with Clonazepam 1 mg BID for agitation.
We will continue with pain control regimen and we will adjust if needed:
- Acetaminophen 650 mg Q4 for mild pain (1-3)
- Hydromorphone 1 mg Q3 for moderate pain (4 -6)
- Hydromorphone 1.5 mg Q3 for severe pain (7-10)
Risperidone 2 mg BID PO.

CVS: Patient continues to be tachycardic most likely secondary to sepsis/s/p mini thoracotomy/pain.
We will monitor vital signs and control the pain.

B.P. fairly controlled

TEE = no vegetations, we will follow up with official report.

Pulm-

- Patient is status post Mini Thoracotomy and decortication.
- AFB culture: no acid fast bacilli
- Fungal culture: In process.
- Surgical culture: 2 organism, organism 1: B-Hemolytic Strep. C, we will follow up with final results.
- Continue with cefepime and metronidazole for aspiration pneumonia/empyema.
- Continue with nebulizations, suction and nystatin swish and swallow.
- Continue with senna spirometry.

GI: Continue Nystatin swish and swallow for oral candidiasis.
Elevated LFT secondary to liver sepsis. We will monitor LFTs.

GU: No active issue. Last serum creatinine was within normal limits.

ID: Aspiration pneumonia and Empyema of Right lung.
Continue Cefepime, Metronidazole.
Echocardiogram showed NO vegetations or valvulopathy.
Hx of HIV infection- CD4 count is: 245 (Low). Will start HAART therapy once acute illness resolves.

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0057

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Leukocyte count is trending up most likely secondary to current infection vs. s/p thoracotomy?.

Hem/Onc: INR continues to be elevated- most likely due to liver injury secondary to sepsis.
Thrombocytosis most likely reactive.
Hemoglobin has been stable but the last result is lower, possible due to chest tube drainages.

We will re-start DVT prophylaxis with Enoxaparin 40 mg s/c Daily.

Endo: No active issues

F/E/N: Monitor electrolyte and replete as needed
Continue with tube feeds and with nutrition recommendations.

Social: Full code.

NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father
Tosin Efunnuga 267-918-4065 Sister

(IRIARTE OPORTO, BLANCA E MD)

Additional Information

Condition: Critical

Critical Care Time (mins): 30

Additional Comments

Excluding teaching or procedures
(LERMAN, GABRIEL S DO)

Attestation Statement

Attestation Statement

I have seen and evaluated the patient, reviewed and discussed the plan of care with house staff, and agree as documented with the following comments:

The patient reports that he does not cough every single time he eats but rather anytime that he moves. According to nursing whenever he drinks he does seem to cough afterwards. I have asked that speech and swallow reevaluate the patient to ensure that he has the proper texture. He may actually need a video swallow evaluation in order to ensure that he does not have any significant dysphagia. In addition I do expect with movement for him to cough somewhat as he probably has a degree of atelectasis from laying in bed. We'll provide him with an incentive spirometer to use at bedside with instructions on use to use 10 times per hour. I did explain this to the patient the importance of doing that exercise. In addition the patient should be out of bed to chair for most of the day and we will get physical therapy to help with that.

The patient remains under 302 status and we have called psychiatry once again in order to see if they will uphold it.

He has also remained tachycardic in the 1 teens to 120 range and while he cannot remained tachycardic for long periods of time I would hesitate to use a beta blockage at this time as it is sinus tachycardia. It is possible that the patient is volume depleted as he has not had significant oral intake and had he has been getting free water flushes at

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0057

REPORT STATUS: Signed

Page 7 of 7

**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

25 mL/h. We will give him a bolus of 500 mL normal saline and evaluate his response. We will place the ultrasound probe down and evaluate his IVC for compression. Since he has been in bed for more than a week and was found down if he does not respond to the fluid challenge we will get a CT angiogram in order to rule out a pulmonary embolus. However he does have other reasons to be in sinus tachycardia including pain, anxiety, agitation. He did have a VATS procedure recently and currently has 2 chest tubes. These certainly can contribute to his tachycardia and the form of pain and discomfort. There is no indication of an AA gradient at this time.

(LERMAN, GABRIEL S DO)

IRIARTE OPORTO, BLANCA E MD
LERMAN, GABRIEL S DO

Oct 26, 2016 07:36
Oct 26, 2016 13:13

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/26/16 0817

<Electronically signed by GABRIEL S LERMAN, DO> 10/26/16 1318

IRIABL / BIO / DD 10/26/16 0736 / DT 10/26/16 0736

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1026-0057
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0075
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 08:00

Subjective

Extubated yesterday. Complains of pain at the thoracotomy site and with deep inspiration. Denies abdominal pain.

Objective

Medications

Medications Active List

Enoxaparin Sodium 40 mg DAILY Last administered on 10/25/16 at 09:35; Start 10/11/16 at 10:45
Insulin Human Regular SS LOW DOSE LOW INTENSITY SCALE: BL... Q6 Last administered on 10/22/16 at 18:50; Start 10/12/16 at 07:45
Dextrose 16 gm PRN PRN Last administered on 10/12/16 at 12:41; Start 10/12/16 at 11:45
Dextrose/Water 12.5 gm PRN PRN; Start 10/12/16 at 11:45
Risperidone 2 mg BID Last administered on 10/25/16 at 20:38; Start 10/15/16 at 12:15
Haloperidol Lactate 5 mg Q6 PRN Last administered on 10/21/16 at 04:22; Start 10/17/16 at 11:15
Clonazepam 1 mg BID Last administered on 10/25/16 at 20:38; Start 10/19/16 at 10:45
Polyethylene Glycol 17 gm 17 gm DAILY Last administered on 10/25/16 at 11:09; Start 10/20/16 at 11:00
Metronidazole/ Sodium Chloride 100 ml @ 200 mls/hr Q8 Last administered on 10/26/16 at 05:14; Start 10/20/16 at 21:00
Acetaminophen 650 mg Q4H PRN Last administered on 10/25/16 at 05:18; Start 10/20/16 at 19:30
Nystatin 500 mu 500 mu QID Last administered on 10/25/16 at 20:38; Start 10/21/16 at 13:00
Cefepime HCl 50 ml @ 100 mls/hr Q6 Last administered on 10/26/16 at 05:14; Start 10/22/16 at 17:00
Senna/Docusate Sodium 1 tab BID Last administered on 10/25/16 at 20:38; Start 10/23/16 at 10:45
Hydromorphone HCl 1 mg Q3H PRN Last administered on 10/25/16 at 13:08; Start 10/24/16 at 17:45
Hydromorphone HCl 1.5 mg Q3H PRN Last administered on 10/26/16 at 01:14; Start 10/24/16 at 17:45
Folic Acid 1 mg DAILY; Start 10/26/16 at 09:00
Thiamine HCl 100 mg DAILY; Start 10/26/16 at 09:00
Multivitamins Therapeutic 1 tab DAILY; Start 10/26/16 at 09:00

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 07:00		117	25	113/67	99	Nasal Cannula	4.00	
10/26/16 02:00	37.1							
10/25/16 11:00								40

Weight in Kg

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1026-0075
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Cardiology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

80.00

Bedside Blood Glucose

10/26/16 05:01: POC Glucose 122

Physical Exam

NAD, MMM

No JVD

Decreased breath sounds bilaterally

Tachycardic but regular rhythm, S1 and S2 preserved, no murmur, rub or gallop

No lower extremity edema

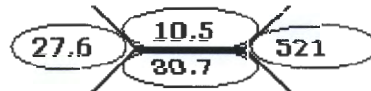
Normoactive bowel sounds, soft, nontender

Integumentary is warm and well-perfused

Results

Lab Results, CBC Diagram

10/26/16 05:45



Lab Results, BMP Diagram

10/25/16 08:29



10/26/16 05:45



PT/PTT/INR

10/25/16 08:29:

Prothrombin Time 17.2, Prothromb Time International Ratio 1.5

10/26/16 05:45:

Prothrombin Time 17.8, Prothromb Time International Ratio 1.6

Surgical culture from that is growing beta hemolytic strep C

Diagnostics Reviewed: Yes

Diagnostic Tracings

Telemetry: Sinus tachycardia in the 110s to 120s

Impression and Plan

Problem List:

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0075

REPORT STATUS: Signed

**Mercy Fitzgerald Hospital
Cardiology Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

-
- (1) Drug overdose
 - (2) Aspiration pneumonia
 - (3) Pleural effusion
 - (4) Abscess of lung with pneumonia
 - (5) S/P thoracotomy
 - (6) Tachycardia

Chronic Problems:

Plan

Loculated pleural effusion, pulmonary abscess and bacteremia: Cultures repeatedly growing strep species. No evidence of infectious endocarditis on TEE.

Mildly reduced biventricular ventricular systolic function: This may be a stress-induced decreased in biventricular function. Clinically he appears euvolemic. He will need a repeat echocardiogram in 2-3 months or sooner if he decompensates after discharge to further evaluate and to determine if further workup is needed.

Tachycardia: This is sinus tachycardia and likely physiologic in this setting. Since his tachycardia is persistent, **add low-dose metoprolol tartrate 6.25 mg twice daily**.

MENETREY, JAMMIE E DO

Oct 26, 2016 08:06

<Electronically signed by JAMMIE E MENETREY, DO> 10/26/16 0806

MENEJA / JEM / DD 10/26/16 0806 / DT 10/26/16 0806

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1026-0075
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
 ACCT: FA1307223089
 REPORT #: 1026-0130
 ROOM/BED: 417-02
 SEX: M
 ATTENDING: LITTMAN, MARIO, MD
 PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
 ADMIT DATE: 10/07/16
 DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/25/16 06:35

Service: General Surgery

Subjective

(from 10/25/16) Seen and examined at bedside. Failed extubation overnight. CT to low continuous wall suction, no air leak.

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 08:00						Nasal Cannula	4.00	
10/26/16 08:00	37.6	121	21	128/71	98			
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/26/16 05:01: POC Glucose 122

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: intubated and on mechanical ventilation, CT to low continuous wall suction, dark serosanguinous drainage, no air leak

Cardiovascular: no jugular venous distension, no murmurs, decreasing tachycardia in the low 100s

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalities

Lab Results, CBC Diagram

10/26/16 05:45



Lab Results, BMP Diagram

10/26/16 05:45

PATIENT: EFUNNUGA, OLUTOKUNBO
 CC:
 REPORT #: 1026-0130
 REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

134	94	19	121
4.6#	29	1.2	

Impression and Plan

Assessment

Problem List:

- (1) Loculated pleural effusion
- (2) HIV (human immunodeficiency virus infection)
- (3) Suicide and self-inflicted poisoning by drugs and medicinal substances
- (4) Drug overdose
- (5) Anxiety
- (6) Polysubstance abuse

Chronic Problems:

Management Plan

Plan

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. s/p mini thoracotomy, unroofing of abscess, decortication, and CT placement x 2.

- Continue close monitoring
- Keep CT to low continuous wall suction
- f/u CT output
- f/u CXR
- Wean to extubate
- Continue IV abx
- Management per ICU team
- Lovenox for DVT ppx

SALIM, ANDREW N MD

Oct 26, 2016 9:32 am

<Electronically signed by ANDREW N SALIM, MD> 10/26/16 0932

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1144

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0130

REPORT STATUS: Signed

Page 3 of 3

Mercy Fitzgerald Hospital
General Surgery Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

SALIAN / ANS / DD 10/26/16 0932 / DT 10/26/16 0932

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1026-0130
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0245
ROOM/BED: 417-02
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 13:15

Service: General Surgery

Subjective

(for 10/26/16) Seen and examined at bedside. Extubate yesterday. CT still to low continuous wall suction, no leak.

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 12:07		121		128/71	98	Nasal Cannula	4.00	
10/26/16 11:00			24					
10/26/16 08:00	37.6							
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/26/16 05:01: POC Glucose 122

Physical Exam

General: no apparent distress, appears stated age

HNT: moist mucous membranes

Eyes: sclera anicteric

Thorax: on 4L NC, CT to low continuous wall suction, dark serosanguinous drainage, no air leak

Cardiovascular: no jugular venous distension, no murmurs, tachycardic to the 120s

Abdomen: soft, non-tender, non-distended, bowel sounds noted

Extremities: no cyanosis, pulses 2+ bilaterally

Neurologic: alert/awake/oriented, grossly no abnormalities

Lab Results, CBC Diagram

10/26/16 05:45



Lab Results, BMP Diagram

10/26/16 05:45

PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1026-0245
REPORT STATUS: Signed

Mercy Fitzgerald Hospital General Surgery Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

134	94	19	121
4.6#	29	1.2	

Impression and Plan

Assessment

Problem List:

- (1) Loculated pleural effusion
- (2) HIV (human immunodeficiency virus infection)
- (3) Suicide and self-inflicted poisoning by drugs and medicinal substances
- (4) Drug overdose
- (5) Anxiety
- (6) Polysubstance abuse

Chronic Problems:

Management Plan

Plan

37M with past history of HIV, anxiety, and polysubstance abuse who was admitted after being found unresponsive at home. He has intubated on arrival on 10/17/16 and was extubated on 10/15/16. Since that time his chest x-rays have demonstrated right lower lobe consolidation and an increasing right pleural effusion, leading to failed attempts at IR drainage. Chest CT performed on 10/20/16 demonstrates a small to moderate loculated right effusion. Thoracic surgery is being consulted for evaluation and possible intervention for the patient's right loculated pleural effusion. s/p mini thoracotomy, unroofing of abscess, decortication, and CT placement x 2.

- Continue close monitoring
- Recommend CT to waterseal with follow-up xray approximately 4 hours after CTs are placed to waterseal
- May remove 1 CT today, will d/w Dr. Shariff
- f/u CT output
- Continue IV abx
- Management per ICU team
- Lovenox for DVT ppx

SALIM, ANDREW N MD

Oct 26, 2016 13:20

<Electronically signed by ANDREW N SALIM, MD> 10/26/16 1322

<Electronically signed by HAJI M SHARIFF, MD> 10/28/16 1144

SALIAN / ANS / DD 10/26/16 1320 / DT 10/26/16 1320

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0245

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Psychiatric Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0272
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN, MARIO, MD
PCP: DOCTOR, NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 13:59

Service: Psychiatry

Appetite: Fair

Sleep: Fairly Good

Objective

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 12:07		121		128/71	98	Nasal Cannula	4.00	
10/26/16 11:00			24					
10/26/16 08:00	37.6							
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/26/16 05:01: POC Glucose 122

Physical Exam

General: ☐

Head/Neck/Throat: ☐

Eyes: ☐

Thorax: ☐

Cardiovascular: ☐

Abdomen: ☐

Musculoskeletal: ☐

Skin: ☐

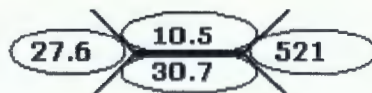
Neurologic: ☐

Current Meds Reviewed: Yes

Labs Reviewed: Yes

Lab Results, CBC Diagram

10/26/16 05:45



PATIENT: EFUNNUGA, OLUTOKUNBO
CC:
REPORT #: 1026-0272
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Psychiatric Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Lab Results, BMP Diagram

10/26/16 05:45

**Quality****Discussed Care Plan with:** Patient**Code Status:** Full Code**Impression and Plan****Severity of Illness****1:1 Observation:** Yes**Danger to Self Evidenced By**

Patient is felt to still possibly be suicidal by his attending physician, Dr. Gevorgyan.

Change in Symptoms: Improving**Assessment****Mini Mental Status Exam:** Not Done**Axis I:****(1) Polysubstance abuse****Axis II:****(1) Antisocial personality disorder in adult****Axis III:****(1) Alcohol withdrawal delirium****(2) HIV (human immunodeficiency virus infection)****(3) Drug overdose****Axis IV:****(1) Suicide and self-inflicted poisoning by drugs and medicinal substances****Patient Problems:****Additional Comments**

I was initially consulted on this patient on 10/19. I was re-consulted today primarily to determine if the one-to-one observation needs to be continued. The nursing staff say they have not observed any suicidal indications in the patient. According to his one-to-one observer, this is the first day that the patient has not been quite agitated and combative (at least not by midmorning) and she feels he is still confused at times. The patient appeared to be somewhat confused to me and was not able to clearly discuss and state whether or not he would try to hurt himself, take another overdose, or discuss the specific stressors that led him to take the overdose and want to die, etc. The patient's attending physician, Dr. Gevorgyan, feels that the patient might still want to hurt himself and would like the patient to be continued on one-to-one until he is more medically stabilized. His attending physician says the patient still has chest tubes and will need to be followed up by surgery and in the ICU probably a few more days and will re-notify me when the patient is felt to be reaching a point of his medical stabilization baseline. I will then do a reevaluation and determine if the 302 needs to be

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0272

REPORT STATUS: Signed

Page 3 of 3

**Mercy Fitzgerald Hospital
Psychiatric Progress Note**

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

upheld and if I believe that the patient needs to receive acute psychiatric inpatient treatment. I do not understand the specifics of his legal status, but I was told that the patient has a felony charge and that the police are to be notified prior to the patient being taken off of one-to-one observation. I also understand that the patient is not to be allowed to leave the hospital, and that any attempt to elope should immediately result in security and the police being called to prevent that.

THOMPSON,TROY L MD

Oct 26, 2016 14:04

<Electronically signed by TROY L THOMPSON, MD> 10/26/16 1415

THOMTR / TT / DD 10/26/16 1404 / DT 10/26/16 1404

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1026-0272
REPORT STATUS: Signed

Mercy Fitzgerald Hospital Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0283
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 14:20

Service: Infectious Disease

Subjective

Pt alert, OOB today, Tm 98.8, tolerating enteral feeding via kaofeed. Ct intact

Objective

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 12:07		121		128/71	98	Nasal Cannula	4.00	
10/26/16 11:00			24					
10/26/16 08:00	37.6							
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/26/16 05:01: POC Glucose 122

Physical Exam

NG intact

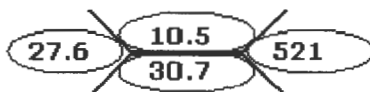
iv access in tact

CT intact Neuro no tremor appreciated, cn intact, ms 5/5 upper and lower plantars down

Results

Lab Results, CBC Diagram

10/26/16 05:45



Lab Results, BMP Diagram

10/26/16 05:45

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1026-0283
REPORT STATUS: Signed

Page 2 of 2

Mercy Fitzgerald Hospital
Infectious Disease Progress No

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

134	94	19	121
4.6#	29	1.2	

PT/PTT/INR

10/26/16 05:45:

Prothrombin Time 17.8, Prothromb Time International Ratio 1.6

10/26/16 12:38: Activated Partial Thromboplast Time 37.4

pleural fluid c/s= strep group C, and staph aureus

Impression and Plan**Plan**

bacteremia: strep mitis, repeat blood c/ sterile, TEE= n o vegetations or valvular abnormality,

pneumonia: aspiration, complicated by right effusion, and cavitory formation,

right pleural effusion: s/p decortication and drainage 10/24

HIVD: moderately advanced, CD4 240-300

elevated temperature:recurrent, presently resolved, new c/s sterile

confusion: resolving

leukocytosis: follow response to intervention

abx mgmt:substituted ceftriaxone for cefepime

discussed clinical presentation with icu nursing staff

recommend TEE when logistically feasible

GILBERT, MARK, MD

Oct 26, 2016 14:23

<Electronically signed by MARK GILBERT, MD> 10/26/16 1423

GILBMA / MG / DD 10/26/16 1423 / DT 10/26/16 1423

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

REPORT #: 1026-0283

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Pulmonology Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1026-0376
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/26/16 17:23

Service: Pulmonology

Subjective

Denies significant respiratory complaints. Says has just started using his incentive spirometer.

Objective

Active Meds Reviewed: Yes

Patient Data

Vital Signs, Last Documented

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/26/16 17:00		116	24	156/64	99	Nasal Cannula	4.00	
10/26/16 12:00	37.2							
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose

10/26/16 16:25: POC Glucose 115

Appearance: : No Acute Distress

Thorax: : CTA Bilateral: Decreased Breath Sounds: No Accessory Muscle Use: Other (right-sided chest tube, now to water seal.)

Cardiovascular: : No JVD: Regular Rate Rhythm

Results

Lab Results, CBC Diagram

10/26/16 05:45



Lab Results, BMP Diagram

10/26/16 05:45

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1026-0376
REPORT STATUS: Signed

Page 2 of 2

Mercy Fitzgerald Hospital Pulmonology Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

134	94	19	121
4.6#	29	1.2	

PT/PTT/INR

10/26/16 05:45:

Prothrombin Time 17.8, Prothromb Time International Ratio 1.6

10/26/16 12:38: Activated Partial Thromboplast Time 37.4**Imaging**

Chest x-ray reviewed personally, right-sided chest tube, bilateral opacification.

Impression and Plan**Problem List:**

- (1) Aspiration pneumonia
 - (2) Bacteremia
 - (3) Empyema
 - (4) S/P thoracotomy
 - (5) Acute respiratory failure with hypoxia and hypercapnia
- Impression and Plan:** Now extubated

- (6) Suicidal overdose
- (7) Polysubstance abuse
- (8) Antisocial personality disorder in adult
- (9) HIV (human immunodeficiency virus infection)

Chronic Problems:**Plan**

IV antibiotics, follow temp. Analgesia, and incentive spirometry. Out of bed as tolerated. Follow chest x-ray

Condition: Guarded

PILLAI, AJAY R, MD

Oct 26, 2016 17:25

<Electronically signed by AJAY R PILLAI, MD> 10/26/16 1725

PILLAJ / ARP / DD 10/26/16 1725 / DT 10/26/16 1725

PATIENT: EFUNNUGA, OLUTOKUNBO

CC:

REPORT #: 1026-0376

REPORT STATUS: Signed

Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO
ACCT: FA1307223089
REPORT #: 1027-0076
ROOM/BED: 506-01
SEX: M
ATTENDING: LITTMAN,MARIO, MD
PCP: DOCTOR,NONE (FAMILY)

MR#: F001250247
ADMIT DATE: 10/07/16
DOB: 03/06/1979

*** Signed Status ***

Subjective

Encounter Date & Time

10/27/16 07:26

Subjective

Hospital LOS days: 21

ICU LOS: 21

Subjective

Patient was seen and examined overnight. Complaints of chest pain on the chest tube area, unchanged from yesterday. He mentions the cough is improving.
Overnight: No acute events, he slept well.

Review of Systems

Unable to Obtain: Clinical Condition

Constitutional: : Fatigue: General Weakness

Head and Neck: Denies: Headache

Eyes: Denies: Blurred Vision

Ears, Nose, Mouth, Throat: Denies: Bleeding Gums, Nasal Discharge, Nasal Obstruction

Neurological: Denies: Headache

Cardiology: : Chest Pain Denies: Exertional Dyspnea, Orthopnea, Palpitations

Respiratory: : Cough Denies: Breathing Worse

Gastrointestinal: Denies: Abdominal Distention, Abdominal Pain

Genitourinary: Denies: Change in Urine Stream

Psychiatric: : Depressed

Objective

Active Meds Reviewed: Yes

Medications

Medications Active List

Medications	Dose Ordered	Sig/Sch	Start Time Stop Time	Status	Last Admin
Enoxaparin Sodium	40 mg	DAILY	10/11/16 10:45		10/26/16 10:02
Insulin Human Regular	SS LOW DOSE LOW INTENSITY SCALE: BI...	Q6	10/12/16 07:45		10/22/16 10:50
Dextrose	16 gm	PRN PRN	10/12/16 11:45		10/12/16 12:41

PATIENT: EFUNNUGA,OLUTOKUNBO
CC:
REPORT #: 1027-0076
REPORT STATUS: Signed

Mercy Fitzgerald Hospital
Critical Care Progress Note

PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

Dextrose/Water	12.5 gm	PRN PRN	10/12/16 11:45		
Risperidone	2 mg	BID	10/15/16 12:15		10/26/16 21:46
Haloperidol Lactate	5 mg	Q6 PRN	10/17/16 11:15		10/21/16 04:22
Clonazepam	1 mg	BID	10/19/16 10:45		10/26/16 10:01
Polyethylene Glycol	17 gm	DAILY	10/20/16 11:00		10/26/16 10:00
Acetaminophen	650 mg	Q4H PRN	10/20/16 19:30		10/25/16 05:18
Senna/Docusate Sodium	1 tab	BID	10/23/16 10:45		10/26/16 21:46
Hydromorphone HCl	1 mg	Q3H PRN	10/24/16 17:45		10/26/16 14:06
Hydromorphone HCl	1.5 mg	Q3H PRN	10/24/16 17:45		10/27/16 01:37
Folic Acid	1 mg	DAILY	10/26/16 09:00		10/26/16 10:02
Thiamine HCl	100 mg	DAILY	10/26/16 09:00		10/26/16 10:01
Multivitamins Therapeutic 1 tab	1 tab	DAILY	10/26/16 09:00		10/26/16 10:01
Ceftriaxone Sodium	100 ml @ 100 mls/hr	DAILY	10/27/16 09:00		
Nystatin 500 mu	500 mu	QID	10/26/16 17:00		10/26/16 18:48
Metronidazole/ Sodium Chloride	100 ml @ 200 mls/hr	Q8	10/26/16 21:00		10/27/16 05:41

Patient Data**Vital Signs, Last Documented**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
10/27/16 06:00		122	20	149/82	94	Room Air		
10/27/16 01:00	37.1							
10/26/16 22:00							2.00	
10/25/16 11:00								40

Weight in Kg

80.00

Bedside Blood Glucose Last 24h**10/26/16 11:41:** POC Glucose 142**10/26/16 16:25:** POC Glucose 115**10/26/16 21:43:** POC Glucose 128**10/27/16 05:14:** POC Glucose 127

PATIENT: EFUNNUGA,OLUTOKUNBO

CC:

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Mercy Fitzgerald Hospital Critical Care Progress Note

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

	10/27/16 07:00
Intake Total	1700 ml
Output Total	1591 ml
Balance	109 ml
Intake Oral	870 ml
IV Total	100 ml
Tube Feeding	455 ml
Tube Irrigant	275 ml
Output Urine Total	1571 ml
Chest Tube Drainage Total	20 ml
# Voids	1

Sedation Score Actual

0

Physical Exam**Appearance:** : Alert: Appears Stated Age: No Acute Distress: Sad**Head Exam:** : Moist Mucous Membranes: Normocephalic: Symmetric**HEENT:** : EOMI: Moist Mucous Membranes: PERRL: Sclera Anicteric**Thorax:** : CTA Bilateral: No Accessory Muscle Use**Cardiovascular:** : Regular Rate Rhythm: Tachycardia**Abdomen:** : Non-distended: Non-tender: Soft**Rectal Exam:** : Deferred**Skin:** : Skin Color Normal: Skin Temperature Normal**Upper Extremity Appearance:** : Normal**Lower Extremity Appearance:** : Normal**Pulses:** Distal Pulses 2+**Mental Status:** Normal**Follows Commands:** Yes**Results****Results****Lab Results, CBC Diagram**

10/27/16 06:05



PT/PTT/INR

10/26/16 12:38: Activated Partial Thromboplast Time 37.4

10/27/16 06:05:

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Mercy Fitzgerald Hospital Critical Care Progress Note

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Prothrombin Time 15.8, Prothromb Time International Ratio 1.3

Arterial Blood Gas

10/7/16 17:00:

Venous Blood pH 7.43, Venous Blood pH (Temp Corrected) 7.43, Venous Blood Partial Pressure CO2 47.1, Venous Blood pCO2 (Temp Corrected) 47.1, Venous Blood Partial Pressure O2 91.1, Venous Blood pO2 (Temp Corrected) 91.1, Venous Blood HCO3 31.3, Venous Bld O2 Saturation (Measured) 97.2, Venous Blood Base Excess 6.2, Bedside Sodium (Blood Gas) 139, Bedside Potassium (Blood Gas) 6.0, Bedside Chloride (Blood Gas) 104, Ionized Calcium (Blood Gas) 1.12

10/8/16 06:15: Allen Test Pos**10/24/16 17:00:**

Arterial Blood pH 7.41, Arterial Blood pH (Temp corrected) 7.41, Arterial Blood Partial Pressure CO2 40.6, Arterial Blood pCO2 (Temp correct) 40.6, Arterial Blood Partial Pressure O2 104, Arterial Blood pO2 (Temp corrected) 104, Arterial Blood HCO3 25.4, Arterial Bld O2 Saturation (Measur) 97.8, Arterial Blood Base Excess 0.7, Arterial Blood Hematocrit 38.6, Arterial Blood Sodium 127, Arterial Blood Potassium 8.6, Chloride (Blood Gas) 100, Ionized Calcium (Measured) (Bld Gas 1.07, Lactate (Blood Gas) 1.0, Blood Gas Temperature 98.6, Oxygen Delivery Device 0.na, Blood Gas Ventilator Setting 16, FiO2 50.0, Blood Gas Tidal Volume 450, Blood Gas PEEP 5.0

Diagnostics Reviewed: Yes**Imaging**

Chest-X Ray: 2 chest tubes observed on right lung field, left upper extremity PICC line tip in right atria, Dubhoff tube observed with coiled tip in stomach, bilateral pulmonary infiltrates and blunting of left costophrenic angle.

Quality**Discussed Care Plan with:** Patient**Code Status:** Full Code**Lines Tubes and Catheter:** Chest Tube (2 chest tubes on right hemithorax - 10/24/2016), NG Tube (10/19/2016), PICC (10/11/2016)**VTE Prophylaxis Ordered:** Yes**Indwelling Foley Catheter:** No**Central Venous Catheter:** No**1:1 Sitter:** Continued**Impression and Plan****Assessment****Problem List:**

- (1) Empyema
- (2) S/P thoracotomy
- (3) Aspiration pneumonia
- (4) Tachycardia
- (5) Acute liver failure
- (6) Suicidal overdose
- (7) Polysubstance abuse
- (8) HIV (human immunodeficiency virus infection)
- (9) Oral thrush
- (10) Antisocial personality disorder in adult
- (11) Anxiety

Chronic Problems:

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**Mercy Fitzgerald Hospital
Critical Care Progress Note**

PATIENT: EFUNNUGA, OLUTOKUNBO

MR#: F001250247

Management Plan

Plan

Neuro: We will continue with Clonazepam 1 mg BID for agitation.

We will continue with pain control regimen and we will adjust if needed:

- Acetaminophen 650 mg Q4 for mild pain (1-3)
- Hydromorphone 1 mg Q3 for moderate pain (4 -6)
- Hydromorphone 1.5 mg Q3 for severe pain (7-10)

Risperidone 2 mg BID PO.

PSY evaluated the patient and he continues to be 302 and 1:1.

CVS: Patient continues to be tachycardic most likely secondary to sepsis/s/p mini thoracotomy/pain.
We will monitor vital signs and control the pain.

B.P. fairly controlled

TEE = no vegetations.

We will discuss with team the possibility to add low-dose metoprolol tartrate 6.25 mg twice daily since his tachycardia is persistent.

Pulm-

- Patient is status post Mini Thoracotomy and decortication.
- We will follow up with final culture results.
- Continue with ceftriaxone and metronidazole for aspiration pneumonia/empyema.
- Continue with nebulizations, suction and nystatin swish and swallow.
- Continue with senna spirometry.

GI: Continue Nystatin swish and swallow for oral candidiasis.
F/U with BMP.

GU: No active issue.

ID: Aspiration pneumonia and Empyema of Right lung.

Continue CEFTRIAXONE/METRONIDAZOLE.

Hx of HIV infection- CD4 count is: 245 (Low). Will start HAART therapy once acute illness resolves.

We will follow up with CBC.

Hem/Onc:

F/U with CBC.

Continue with DVT prophylaxis with Enoxaparin 40 mg s/c Daily.

Endo: No active issues.

F/E/N: Monitor electrolyte and replete as needed

Continue with tube feeds and with nutrition recommendations.

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PATIENT: EFUNNUGA,OLUTOKUNBO

MR#: F001250247

F/u with video-swallowing today.

Social: Full code.

NOK: Sheree Bradham (484) 420-5809 Mother
Ellis Bradham (610) 348-4661 Father
Tosin Efunnuga 267-918-4065 Sister

IRIARTE OPORTO,BLANCA E MD

Oct 27, 2016 07:41

<Electronically signed by BLANCA E IRIARTE OPORTO, MD> 10/27/16 0809

IRIABL / BIO / DD 10/27/16 0741 / DT 10/27/16 0741

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